

# FEC FORM 3L

## REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

13 FEB -1 PM 3:09

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. **12FE4M5**  
**Nebraskans for Kerrey**

ADDRESS (number and street) **PO Box 45820**

☐ Check if different than previously reported. (ACC) **Omaha** **NE** **68145**  
CITY STATE ZIP CODE

2. **FEC IDENTIFICATION NUMBER**  
**C** **C00515122**

3. IS THIS REPORT ☒ **NEW (N)** OR ☐ **AMENDED (A)**

4. STATE DISTRICT  
**NE** **00**  
For Candidates Only

5. **TYPE OF REPORT**  
(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)  
☐ July 15 Quarterly Report (Q2) and/or Semi-annual Report  
☐ October 15 Quarterly Report (Q3)  
☒ January 31 Year-End Report (YE) and/or Semi-annual Report  
☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report

- (b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)  
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)  
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual Report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report

- (c) 12-Day **PRE-Election** Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)  
☐ Special (12S) ☐ Convention (12C)  
Election on ☐ / ☐ / ☐ in the State of ☐  
This report also covers the semi-annual period  
☐ See Line 6(b)

- (d) 30-Day **POST-Election** Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)  
Election on ☐ / ☐ / ☐ in the State of ☐  
This report also covers the semi-annual period  
☐ See Line 6(b)

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period  
This report covers ☐ 11 / ☐ 27 / ☐ 2012 through ☐ 12 / ☐ 31 / ☐ 2012 and/or ☐ January 1 - June 30  
☒ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period  
☐ 0.00 ☐ 29551.77

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Jennifer Rasumussen**

Signature of Treasurer

Date

☐ 01 / ☐ 28 / ☐ 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

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02/2009

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